

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action			<b>Date of This Filing</b> <u>10/24/2018</u>	Date Stamp      Page 1 of 5	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)576-1233	<b>I.D. NUMBER</b> (if applicable) 1399958	<b>Report No.</b> <u>41</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<b>Amendment to Report No.</b> <u>002</u> (explain below)		
			<b>No. of Pages</b> <u>5</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/12/2018	IFPTE Local 21 Issues PAC Fund San Francisco, CA 94103  ID# 1362080 Memo Reference: NON:S497:1360	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
10/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1396	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$17,400.00
10/13/2018	East Bay Democratic Socialists of America Oakland, CA 94609  Memo Reference: NON:S497:1501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Amended to disclose an in-kind contribution not previously disclosed.

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<b>STREET ADDRESS</b>  			<input checked="" type="checkbox"/> <b>Amendment to Report No.</b> <u>002</u> (explain below)		
<b>CITY</b> Los Angeles	<b>STATE</b> CA	<b>ZIP CODE</b> 90024	<b>No. of Pages</b> <u>5</u>		

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10/14/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1397	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$32,374.01
10/14/2018	AIDS Healthcare Foundation Los Angeles, CA 90028  ID# 1281664 Memo Reference: NON:S497:1398	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,011.71
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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AREA CODE/PHONE NUMBER  
(310)576-1233

I.D. NUMBER (if applicable)  
1399958

STREET ADDRESS

CITY  
Los Angeles

STATE  
CA

ZIP CODE  
90024

Date of This Filing 10/24/2018

Report No. 41

☒ Amendment to Report No. 002  
(explain below)

No. of Pages 5

Date Stamp

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**CALIFORNIA FORM 497**

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Amended to disclose an in-kind contribution not previously disclosed.

Memo Reference: NON:S497:1398  
in-kind contribution

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Memo Reference: NON:S497:1397  
in-kind contribution

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Memo Reference: NON:S497:1501  
in-kind contribution

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Memo Reference: NON:S497:1396  
in-kind contribution

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Memo Reference: NON:S497:1360  
in-kind contribution